## DSAMH Vision
Healthy Individuals, Families, and Communities

## DSAMH Mission
Promote Health, Hope, and Healing from Mental Illness and Substance Use Disorders

## DSAMH Functions
- Partnerships
- Quality
- Education
- Accountability
- Leadership

## DSAMH Principles
- Trauma-Informed
- Evidence Based Practices
- Sustainable
- Culturally and Linguistically Competent

### STRATEGIC INITIATIVES

- **Strategic Initiative #1 - Prevention and Early Intervention (Craig)**
- **Strategic Initiative #2 – Zero Suicides (Craig - Pam)**
- **Strategic Initiative #3 – Promote Recovery (Pam - Shanel)**
- **Strategic Initiative #4 – Improve Care for Children and Youth (Dinah - Becky)**
- **Strategic Initiative #5 – Health System Integration (Shanel - Pam)**

### GOALS - OBJECTIVES - METRICS

<table>
<thead>
<tr>
<th>GOALS</th>
<th>OBJECTIVES</th>
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| Goal 1.1 Prevent and reduce underage drinking                      | Objective 1.1.1 Reduce community norms favorable to underage drinking      | **Indicator**: Decrease the percentage of underage drinking 30 Day Alcohol Use, youth  
**Baseline**: 7%, all grades, 2013  
**Target**: 5%, all grades, 2023  
**Timeframe**: 2013-2023  
**Responsible**: Prevention Program Administrator (Craig PoVey)  
**OUTCOMES - UPDATES**: 2015: 6.5% all grades (stable) |
|                                                                    | Objective 1.1.2 Reduce parental attitudes favorable towards underage drinking |                                                                       |
|                                                                    | Objective 1.1.3 Reduce youth access to alcohol                             |                                                                       |
|                                                                    | Objective 1.1.4 Increase Communities That Care coalitions                 |                                                                       |
|                                                                    | Objective 1.1.5 Increase access to person-centered prevention              |                                                                       |
| Goal 1.2 Prevent and reduce prescription drug misuse and abuse | Objective 1.2.1 Reduce community norms favorable to misuse and abuse  
Objective 1.2.2 Reduce illicit access to prescription drugs  
Objective 1.2.3 Increase Communities That Care efforts  
Objective 1.2.4 Increase access to person-centered prevention services | Indicator: Decrease percentage of prescription drug misuse and abuse  
Prescription Drug Misuse in past 30 days among youth; adults  
Baseline: Youth: 2.3, all grades, 2013  
Target: Youth: 1.0, all grades, 2023  
Timeframe: 2013-2023  
Responsible: Prevention Program Administrator (Craig PoVey)  
OUTCOMES - UPDATES:  
2015: Youth 2.4%, All grades (stable) |
| --- | --- | --- |
| Goal 1.3 Prevent and reduce marijuana use | Objective 1.3.1 Reduce community norms favorable to misuse and abuse  
Objective 1.3.2 Reduce access to marijuana  
Objective 1.3.3 Increase Communities That Care efforts  
Objective 1.3.4 Increase access to person-centered prevention services | Indicator: Decrease percentage of marijuana use  
Past 30 day use, youth  
Baseline: 5.2, all grades, 2013  
Target: 4.0, all grades, 2019  
Timeframe: 2013-2019  
Responsible: Prevention Program Administrator (Craig PoVey)  
OUTCOMES - UPDATES:  
2015: 5.2%, All Grades (stable) |
| Goal 1.4 Prevent and reduce depression and other mental illness | Objective 1.4.1 Identify opportunities to integrate substance abuse and mental illness prevention systems, models, policies, and practices | Indicator: Reduce the percentage of mental illness Needs for Mental Health Treatment - High mental health needs  
Baseline: 13.0 of all grades, 2013 |
| Strategic Initiative #2 – Zero Suicides |

| Objective 1.4.2 Increase access to evidence based programs proven to reduce mental illness |
| Objective 1.4.3 Promote, educate, and provide leadership to increase the number of Communities That Care Coalitions addressing mental illness issues |
| **Target:** 12.0 of all grades, 2019 |
| **Timeframe:** 2013-2019 |
| **Responsible:** Prevention Program Administrator (Craig PoVey) |
| **OUTCOMES - UPDATES:** 2015: 15%, all grades (Increase) |

| Goal 1.5 Prevent tobacco and nicotine use |
| Objective 1.5.1 Cooperate with the State Department of Health in the planning and administration of Synar Checks |
| Objective 1.5.2 Reduce community norms favorable to use of tobacco and other nicotine products |
| Objective 1.5.3 Increase Communities That Care efforts |
| **Indicator:** Reduction of percentage of tobacco use |
| Reduction of percentage of nicotine use, including e-cigs Past 30 day use, e-cigs youth |
| **Baseline:** 4.7, all grades, 2013 |
| **Target:** 4.0, all grades, 2019 |
| **Timeframe:** 2013-2019 |
| **Responsible:** Prevention Program Administrator (Craig PoVey) |
| **OUTCOMES - UPDATES:** 2015: 8.1%, all grades (Increase) |

<p>| Goal: 1.7 Reduce overdose deaths |
| Objective: 1.7.1 Educate the general public on ways to reduce overdose deaths |
| Objective 1.7.2 Educate the general public on Naloxone Project |
| Objective 1.7.3 Incorporate education, promotion and distribution of Naloxone kits among strategic plans of Local Substance Abuse Authorities (LSAAs), Local Mental Health Authorities (LMHAs), Communities That Care and other prevention coalitions |
| <strong>Indicator:</strong> Opiate Overdose Deaths |
| <strong>Baseline:</strong> 274, 2013 |
| <strong>Target:</strong> 250, 2019 |
| <strong>Timeframe:</strong> 2013-2023 |
| <strong>Responsible:</strong> Prevention Program Administrator (Craig PoVey) |
| <strong>OUTCOMES - UPDATES:</strong> 2014: 289 (Increase) |</p>
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| Goal 2.1 Engage community stakeholders and prevention coalitions in suicide prevention and mental health promotion efforts statewide | 2.1.1 Train community members in Gatekeeper awareness and evidence-based trainings | **Indicator:** Number of engaged community prevention coalitions  
**Baseline:** # of prevention coalitions engaging in suicide prevention efforts  
**Target:** Increase # of prevention coalitions engaged by 10%  
**Time frame:** 2015-2017  
**Responsible:** Suicide Prevention Coordinator (Kim Myers) |
|  | 2.1.2 Engage workplaces in suicide prevention by using the Action Alliance Blueprint for Workplace Suicide Prevention and by training using Working Minds model | **OUTCOMES - UPDATES:**  
22 Coalitions engaged in Prevention by Design/Suicide Prevention activities statewide with the following activities:  
**Data Outcomes**  
Outcome data from the skills based trainings included an evaluation score measuring change in participant’s knowledge, understanding and confidence surrounding the skills presented in the training. These scores are recorded, averaged and stated as a percentage of those who responded either a 4 or 5 on the Likert scale. This percentage is termed the “Evaluation Score.” The higher the percentage, the greater the change in knowledge, understanding and confidence. The Evaluation Score for all reported skills based interventions was 94.2%. |
|  | 2.1.3 Engage Institutes of Higher Education in suicide prevention using the Jed Foundation Campus Model | **Process Outcomes:**  
- Skills trainings (e.g. Mental Health First Aid, QPR, ASIST):  
  o Number of trainings: 417 |
<table>
<thead>
<tr>
<th>Goal 2.2</th>
<th>Develop broad based support through public/private partnerships dedicated to implementing and sustaining suicide prevention efforts</th>
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<tbody>
<tr>
<td>2.2.1</td>
<td>Sustain and strengthen collaborations across agencies and public/private partners to advance suicide prevention</td>
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<td>2.2.2</td>
<td>Provide ongoing leadership to collaborate and coordinate the Utah Suicide Prevention Coalition, including the Executive Committee and relevant workgroups</td>
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<tr>
<td>2.2.3</td>
<td>Update current state suicide prevention plan for 2017</td>
</tr>
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</table>

### Indicator: Participation in Suicide Prevention Coalition meetings
- **Baseline:** 15 stakeholders represented at meetings
- **Target:** Maintain or increase number of stakeholders engaged
- **Time frame:** 2015-2017
- **Responsible:** Suicide Prevention Coordinator (Kim Myers)

**OUTCOMES - UPDATES:**
DSAMH continues to provide leadership to the coalition. Coalition meets every other month with approximately 40 participants at each meeting. Objective will continue. In process of revising current state plan.

<table>
<thead>
<tr>
<th>Goal 2.3</th>
<th>Improve the ability of health providers</th>
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<tr>
<td>2.3.1</td>
<td>Promote suicide prevention as a core component of health care services. Promote the adoption of “zero suicides” as an aspirational goal by health care and community support systems</td>
</tr>
</tbody>
</table>

### Indicator: Universal Screening Rates in public mental health system
- **Baseline:** Dependent on Local Authority

- Number of persons certified: 10,983
- Trainer for trainer (T4T) (e.g. QPR, SafeTALK):
  - Number of persons certified as trainers: 51
- Media and Events (e.g. interviews, articles, flyers etc.):
  - Articles: 64
  - Community Events: 69
  - Flyers: 120,520
  - Take back events: 15
  - Gun safety (i.e. gun locks and other resources): 1312
- School based activities (e.g. NAMI’s Hope for Tomorrow and Hope Squads):
  - Number of schools: 48
  - Total number of students involved: 1193
(including Behavioral Health) to better support individuals who are at risk of suicide through adoption of Zero Suicide framework

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<tr>
<th>Paragraph</th>
<th>Description</th>
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<tr>
<td>2.3.2</td>
<td>Promote the adoption of universal screening for suicide risk within the public behavioral health care system</td>
</tr>
<tr>
<td>2.3.3</td>
<td>Promote same day safety planning for individuals who screen positive for suicide risk</td>
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<tr>
<td>2.3.4</td>
<td>Encourage providers who interact with individuals at risk for suicide to routinely assess for access to lethal means</td>
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<tr>
<td>2.3.5</td>
<td>Provide training to community and clinical service providers on the prevention of suicide and related behaviors</td>
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<tr>
<td>2.3.6</td>
<td>Develop collaborations between emergency departments and other health care providers to provide alternatives to emergency department care and hospitalization when appropriate, and to promote rapid followup after discharge</td>
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<tr>
<td>2.3.7</td>
<td>Provide health care providers, first responders, and others with care and support when a patient under their care dies by suicide</td>
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<tr>
<th>2.4</th>
<th>Promote effective programs and practices that increase protection from suicide risk.</th>
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<tr>
<td>2.4.1</td>
<td>Promote responsible media reporting of suicide, accurate portrayals of suicide and mental illnesses in the entertainment industry, and the safety of online content related to suicide</td>
</tr>
<tr>
<td>2.4.2</td>
<td>Develop and disseminate guidance for journalism and mass</td>
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</table>

- **Target:** Increase screening rates by 25%
- **Time frame:** 2015-2018
- **Responsible:** Suicide Prevention Coordinator (Kim Myers)

**OUTCOMES - UPDATES:** 2016 first implementation year for LA PIP, 2015 was baseline year. Will update end of 2016

- **Indicator:** Same-day safety planning for individuals screened as at risk for suicide
- **Baseline:** Dependent on Local Authority
- **Target:** Increase same day safety plans by 25%
- **Time frame:** 2015-2018
- **Responsible:** Suicide Prevention Coordinator (Kim Myers)

**OUTCOMES - UPDATES:**
- 2016 first implementation year for LA PIP, 2015 was baseline year. Will update end of 2016

All LMHA participating in suicide prevention PIP includes universal screening, same day safety planning including reducing access to lethal means.

Zero Suicide Academy- 19 health/behavioral health care organizations represented

- **Indicator:** Number of media stories following safe messaging guidelines and providing crisis resources
- **Baseline:** TBD
- **Target:** Decrease percentage of media stories using unsafe messaging by TBD
communication schools regarding how to address consistent and safe messaging on suicide and related behaviors in their curricula

2.4.3 Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk

2.4.4 Partner with firearm dealers and gun owner groups to incorporate suicide awareness as a basic tenet of firearm safety and responsible firearm ownership

2.4.5 Complete a Suicide Prevention and Gun Study

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<tbody>
<tr>
<td>Goal 3.1 Promote and establish Peer Support Services</td>
<td>Objective 3.1.1 Provide Training for Mental Health (MH) and Substance Use Disorders (SUD) Peer Specialists including evidence-based practices, peer-to-peer cessation training, Certified Peer Support Specialist (CPSS) training and support for the annual Peer Support conference - Revision of CPSS basic training, including the development of a statewide curriculum - Facilitate annual Peer Support conference - Facilitate training of EBPs and Best Practices, including health and wellness strategies, to CPSS - Provide information to CPSS on educating legislators on the value of Peer services</td>
<td>Indicator: CPSSs who desire work are able to find CPSS-related employment Baseline: Year one - determine % of CPSS currently employed in a CPSS position Baseline (Jan 2016): 29% of survey respondents were certified and employed, 4% were volunteers Target: Year two - Increase % CPSS employed by 10% Timeframe: 2015-2017 Responsible: Cami Roundy</td>
</tr>
<tr>
<td>Objective 3.1.2 Educate and Promote the availability of trained PSS to Local Authorities and other potential employers (public and private</td>
<td>OUTCOMES - UPDATES: April 2016 - 3.1.5 - CPSS trainings have been held by OptumHealth and by USU. Sixty-eight (68) CPSS have been certified. The Peer Support Conference is scheduled for June 10, 2016.</td>
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</table>
Objective 3.1.1 Increase awareness and understanding of the CPSS role and the importance of Peer support professionals among MH and SUD clients and health care providers. This will include an increase in the visibility of CPSS in the State and development of the CPSS website.

- Establish an increased understanding of Peer roles, and the importance of Peers, among all agency staff.
- Education to LMHAs during annual Area Plan review and site monitoring.
- Develop and implement a model for effective supportive supervision of Peers.
- Development of a DSAMH CPSS website.

Objective 3.1.2 Increase sustainability of CPSS services within the state.

- Explore funding opportunities for CPSS positions.
- Notification of CPSS job opportunities to trained CPSS.

Goal 3.2 Promote and establish employment services statewide.

Objective 3.2.1 Identify current programs and barriers in both urban and rural counties. Develop a continuum across available services to describe funding gaps and create a strategic plan to address barriers.

Objective 3.2.2 Increase engagement of employment services for individuals in recovery.

January 2017:

- 3.1.1 - CPSS trainings have been held by OptumHealth and Utah State University. One hundred and fifty three (153) were certified.
  ○ Twenty two (22) individuals were trained in Peer Support Whole Health and Resiliency in September, 2016.
  ○ Wellness Recovery Action Plan training was held for CPSS in November, 2016, eleven (11) CPSS were trained.
  ○ The Peer Support Conference is scheduled for June 9, 2017.

- 3.1.2 - 49% of survey respondents were certified and employed (increase of 20%), 8% were volunteers (increase of 4%)
  ○ CPSS services were reviewed with each Local Authority during DSAMH monitoring visits in SFY16-17.
  ○ Peer Support Supervision training has been scheduled for February, 2017.

- 3.1.3 - TANF Peer Support Specialist grant was approved and contract was drafted for the implementation of CPSS or FRF in each LA.
  ○ CPSS job opportunities are sent to CPSS via e-mail. CPSS job opportunities are also posted on jobs.utah.gov with pwdnet.

Indicator: Increase integrated and competitive employment opportunities through Supported Employment (SE)/Individual Placement and Support (IPS).

Baseline: Two LMHAs engaged in SE/IPS providing services to approximately 100 individuals per year.
Objective 3.2.3 Work with Medicaid to expand services through various funding mechanisms

Target: Engage two additional LMHAs and accredited Clubhouses to provide SE/IPS services to approximately 25 additional individuals

Timeframe: 2014-2017

Responsible: Supported Employment Program Manager (Sharon Cook)

OUTCOMES - UPDATES:

April 2016

- LMHAs engaged in SE are providing IPS services to six Eastern Utah counties (Duchesne, Dagget, Uintah, Carbon, Emery, and Grand) and will serve approximately 25 individuals, including transition-aged youth.

January 2017

- 3.2.1 - Action steps for the SE/IPS Strategic Plan address progress toward overcoming barriers and are continually updated.
- 3.2.2 - Total of six LMHAs are providing SE/IPS services.
  ○ SE/IPS trainer provided all employment specialists with quarterly training for FY17.
  ○ Four Corners Behavioral Health and Davis Behavioral Health Center’s employment specialist completed Rockville Institute, Westat Inc.’s (formerly Dartmouth) online IPS Practitioner training in November 2016. The employment specialists received on-site IPS training with the IPS statewide trainer in FY16.
- 3.2.3 - Psychoeducational services billing is being explored with Medicaid as a funding method to sustain SE/IPS.
Goal 3.3
Provide MH and SUD services in a trauma informed environment for clients and staff

Objective 3.3.1 Review Division Directives and contracts to include the provision of services in a trauma informed environment

Objective 3.3.2 Provide increased training and technical assistance for Local Authorities. Through the CABHI Grant, providing evidence based training on Trauma Informed Care (TIC)

Objective 3.3.3 Create a Trauma Informed Workgroup that reports to the UBHC Clinical Directors to make recommendations about changes in policy, procedures, and funding strategy to move to a TIC system

Indicator: Increase trauma informed services for clients
Baseline: Four LMHAs are currently undergoing training
Target: All LMHAs would be trained in trauma informed approach
Timeframe: FY18
Responsible: SUD and MH Program Administrators (Becky King, Robert Snarr)

OUTCOMES - UPDATES:
April 2016:
• Review Division Directives completed
• DHS EDO has developed a Trauma-Informed Care Committee, which Ming Wang (DHS EDO) Chairs. Becky King (SUD) and Eric Tadehara (MH) represent DSAMH on this committee. This Committee is currently working on sharing TIC information, protocols and training opportunities offered by DHS, which can be shared with the UBHC Clinical Directors, LSAA/LMHA, DHS Programs and community partners to inform them on policy, procedures and funding strategies to move to a TIC system.

December 2016:
• Funding through the CABHI Grant has provided onsite trauma informed services for homeless outreach and housing. Four LMHA’s (Wasatch, Salt Lake County, Davis and Weber) were provided on-site training in March and August, as well as conference calls in September. Training for state-wide community partners was provided in October as a part of the Annual Homeless Summit.
<table>
<thead>
<tr>
<th>Goal 3.4</th>
<th>Objective 3.4.1 Expand contract language to encourage and incentivize expansion of services providing early intervention and post-acute treatment services to support recovery</th>
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<tr>
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<td>Objective 3.4.2 Work with appropriate committees and groups to ensure that essential health benefits in Utah include early intervention and recovery support services in insurance plans</td>
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<td>Objective 3.4.3 Work with state and local community stakeholders to continue developing recovery oriented standards of care and work towards implementation planning and delivery</td>
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<tr>
<td>Indicator: Increase recovery oriented support services to clients</td>
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<tr>
<td>Baseline: Scorecard history of recovery oriented services including: employment, housing, and peer support related services</td>
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<td>Target: Increase recovery oriented support services provided by 5%</td>
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<td>Timeframe: SFY18</td>
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<td>Responsible: (Pam Bennett, Shanel Long)</td>
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**OUTCOMES - UPDATES:**
- April 2016
  - Contract with Latino Behavioral Health Services, Inc., to increase diversity of Peer Support/Recovery Support services in Spanish.
- November 2016
  - RSS Division Directive language was approved
- December 2016
  - LA contract amendments with new language and RSS funding allocations were completed
- January 2017
  - Contract with WSU and SLCC in collaboration with SLC VAMC, to increase veteran peer support to students
  - RSS data specs roll out in the SAMHIS system.
  - RSS service list including service description, rate, unit was approved and sent to LA’s.
  - TANF grant application approved and contract received for signature (Peer Support Specialists for LA’s).
- Continual: ROSC committee continues to meet monthly to review processes and standards.
<table>
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<tr>
<th>Goal 3.5</th>
<th>Improve housing services across the state</th>
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<tbody>
<tr>
<td>Objective 3.5.1 Identify current housing programs and barriers in both urban and rural counties</td>
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<tr>
<td>Objective 3.5.2 Develop a continuum across available services to describe funding gaps and create a strategic plan to address barriers</td>
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<tr>
<td>Objective 3.5.3 Explore Medicaid services to maximize funding mechanisms and ensure that those eligible for Medicaid are enrolled</td>
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**Indicator:** Explore the development of additional affordable supported housing and Medicaid resources

**Baseline:** Scorecard history for housing indicators

**Target:** Development of increase of 5% of additional affordable supported housing for individuals who are homeless/mental illness and/or substance use disorders.

**Timeframe:** SFY18

**Responsible:** Robert Snarr

**OUTCOMES - UPDATES:**

January 2017
- 3.5.1 Identify all LMHA’s housing programs and barriers in both urban and rural counties, indicate lack of residential beds and limited access to NF
- 3.5.2 Currently working on a strategic plan to address barriers
- 3.5.3 Exploring Medicaid to maximize funding and sustainability.

<table>
<thead>
<tr>
<th>Goal 3.6</th>
<th>Promote JRI certification and implementation throughout public and private MH and SA systems. <em>(NEW GOAL: APRIL, 2016)</em></th>
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<tbody>
<tr>
<td>Objective 3.6.1 Identify JRI providers and have them complete application for certification</td>
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<tr>
<td>Objective 3.6.2 Promote JRI throughout the State also identify and address barriers</td>
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<td>Objective 3.6.3 Require each local authority to develop an annual plan that identifies their JRI committee and implementation plans</td>
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<tr>
<td>Objective 3.6.4 Develop treatment standards for all public and private facilities and promote compliance of those standards to all providers</td>
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**Indicator:** Increase number of certified JRI providers

**Baseline:** 0 providers certified

**Target:** Development of certification process and continual certification of new and current providers

**Timeframe:** July 1, 2016 = precertification, Area plan review by June 1, 2016.

**Responsible:** SUD Administrator- Shanel Long

**OUTCOMES - UPDATES:**

3.6.1
- Received applications for 169 sites representing 68 private agencies and all 13 Local Authorities.
- Provisionally certified 148 sites including Local
<table>
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<tr>
<th>Objective 3.6.5 Increase number of providers and individuals trained in EBP</th>
<th>Authorities, 6 prison programs, 13 jail programs, 22 Adult Probation and Parole Programs.</th>
</tr>
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</table>
| **3.6.2**  
Held 3 outreach informational trainings in FY16.  
Booth at Generations conference March 2016  
Presented at Utah SA Fall Conference September 2016  
Presented to 4th District Justice Courts September 2016  
Presented to Utah County Public Defender's Organization October 2016.  
Held 2 presentations at Salt Lake County Provider Network.  
There is ongoing dialogue and communication regarding JRI concerns.  
**November 2016**  
Participated in RSAT (Residential Substance Abuse Treatment - federal grant) site visit with the Sanpete County Sheriff's Office/Jail in conjunction with CCJJ.  
**December, 2016**  
DSAMH presented a 1 hour JRI certification and provider list training at the Justice Court Winter Workshop held at the U of U Marriott.  
DSAMH has representation on all DOC ASCENT committees. |
| **3.6.3**  
Local Authorities have all submitted Area Plans that outline the local JRI committees and program plans.  
Currently conducting monitoring visits to review Area Plans and JRI committee and programs.  
**3.6.4**  
Rule 4 is treatment standards for all private and public providers.  
Rule 15 is JRI certification rule.  
R523-4 has been reviewed and update to include |
Goal 3.7
Improve outcomes related to mental health treatment *(NEW GOAL: SEPT, 2016)*

<p>| Objective 3.7.1 - Demonstrate client’s self-report improved functioning after mental health services |
| Indicator: Positive outcomes (stable, improved and in recovery) during treatment (or discharged) as measured by OQ. |
| <strong>Baseline FY2015:</strong> Reporting positive OQ outcomes - 84.1% Adults |
| <strong>Target (DHS target):</strong> 69% of clients report positive outcomes |
| <strong>Timeframe:</strong> 2016-2018 |
| <strong>Responsible:</strong> MH Administrator- Pam Bennett |
| <strong>OUTCOMES - UPDATES:</strong> January 2017 |
| 3.7.1 - FY 17 site monitoring to date has included a review of OQ administration and use as an intervention. |</p>
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| Goal 4.1 Promote Community Based Services (Systems of Care Values) through increasing accountability of states placing youth in Residential Treatment Centers (RTCs) in Utah | Objective 4.1.1 Increase in state system knowledge of, and compliance with, the Interstate Compact on the Placement of Children (ICPC) process through a collaboration with Office of Licensing (OL), Division of Child and Family Services (DCFS), Division of Juvenile Justice, DSAMH and the LMHAs | **Indicator:** Compliance with ICPC process  
**Baseline:** Numbers of out of state clients accessing State or County services without reimbursement from the sending state through the ICPC process  
**First Year Target:** Establish baseline  
**Second Year Target:** 20% reduction  
**Data Source:** Partner agencies, OL, DCFS, ICPC Local Authorities  
**Description of Data:** Research results, reports, Substance Abuse and Mental Health Information System (SAMHIS) and Outcome Data  
**Responsible:** Children, Youth and Family Program Administrator and Assistant Director (Dinah Weldon and Jeremy Christensen) |
| | Objective 4.1.2 Establish and utilize collaboratively developed procedures to ensure ICPC compliance |  |
| | Objective 4.1.3 Identify all states sending children and youth to RTCs in Utah and increase collaboration regarding compliance and oversight by sending state |  |

**OUTCOMES - UPDATES:**
Objective 4.1.1 - Office of Licensing (OL) has incorporate ICPC compliance in monitoring.
Objective 4.1.1 - All LMHAs have been trained by DCFS regarding the ICPC system.

Objective 4.1.2 -
1. All LMHAs have been trained by DSAMH regarding procedures to follow when ICPC issues arise
2. All DJJS staff supervising Detention, Receiving Centers and Multi-use Facilities have been trained to notify DJJS administration when a youth placed in Utah from out of state is ending up in one of their facilities.
3. DSAMH, DJJS and DCFS are working to resolve
| Goal 4.2 | Objective 4.2.1 Increase utilization of LMHA/LSAA supplied data regarding the provision of services and outcomes for adolescents with co-occurring substance use and mental health disorders | Indicator: Adolescent Scorecard for Co-Occurring Mental Health and Substance Use Disorders developed and used  
Baseline: None, this would be a newly developed Scorecard  
First Year Target: Outcome measures agreed upon and collection methods established  
Second Year Target: Scorecard developed and published  
Data Source: SAMHIS, Local Authority Reports, 
Responsible: Children, Youth and Family Program Administrator and Program Director and Business Analyst Supervisor (Dinah Weldon, Eric Tadehara, with Brenda Ahlemann) |
|---|---|---|
| Goal 4.3 | Objective 4.3.1 Train and recruit 46 private and public adolescent substance use disorder (SUD) treatment providers to become certified in the TRI Consumer Guide to Adolescent Substance Abuse Treatment for UTAH project  
Objective 4.3.2 Train and certify 6 Tier 1 and 4 Tier II Consumer Guide Assessors (CGA’s) through three phases of proficiency exams, which require a passing score of 90 or above. The Consumer Guide Assessors will be responsible for evaluating the programs participating in the TRI Consumer Guide Project on the following 10 Key Elements of Effective Treatment:  
Screening/Assessment  
Attention to Mental Health | Indicator: Certify 46 private and public providers during the project period (January 1, 2016 - January 1, 2021).  
Baseline: 0 providers certified  
Target: Development of certification process with DSAMH and TRI, including continual certification of the providers in the project.  
Timeframe: January, 1, 2016 - January 1, 2021 (Initial Project Period). Quarterly and annual reports will be provided by TRI regarding the progress and effectiveness of this project.  
Responsible: SUD Administrator- Becky King |

**ICPC situations when the arise and involve OL when violations occur.**
<table>
<thead>
<tr>
<th>Objective 4.3.1</th>
<th>The TRI Kick-Off Meeting was held March 1, 2016, where all 46 public and private providers attended this event. (April 2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 4.3.2</td>
<td>The TRI Consumer Guide Assessor Training was held March 2-3, 2016 for 6 Tier I and 4 Tier II CGA’s. A follow up webinar regarding the test scores and recommendations will be held April 28, 2016 for the CGA’s. (March 2016)</td>
</tr>
</tbody>
</table>

**Goal 4.4**

Improve outcomes related to mental health early intervention services  
*(NEW GOAL: SEPT, 2016)*

<table>
<thead>
<tr>
<th>Objective 4.4.1</th>
<th>Demonstrate client’s improved functioning after mental health early intervention services</th>
</tr>
</thead>
</table>

**Indicator:** Positive outcomes (stable, improved and in recovery) during treatment (or discharged?) as measured by OQ. Other Proxy outcomes: avoiding police involvement and out-of-home placement for those receiving mobile crisis outreach; improve GPA or DIBELS literacy score and reduce office disciplinary referrals for those receiving school based mental health services

**Baseline FY2015:** Reporting positive OQ outcomes -  
86.7% Children/Youth  
Avoiding police involvement: 74%  
Avoiding out-of-home placement: 67.4%  
Improved GPA: 14% or DIBELS: 42%  
Reduced office of disciplinary referrals: 45.6%

**Target (DHS Targets):** 69% (DHS target) of clients report positive outcomes  
Avoiding police involvement: 73%  
Avoiding out-of-home placement: 68%  
Improved GPA: 14% or DIBELS: 42%  
Reduced office of disciplinary referrals: 46%
Strategic Initiative #5 – Health System Integration

<table>
<thead>
<tr>
<th>GOALS</th>
<th>OBJECTIVES</th>
<th>METRICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 5.1 Increase partnerships with Department of Health, accountable/ care organizations (ACOs), federally qualified health centers (FQHCs) and the Local Authorities</td>
<td>Objective 5.1.1 DSAMH will collaborate with Department of Health/Medicaid to facilitate at least three meetings to discuss integration with Local authorities, ACOs and FQHC representatives in SFY 2016 Objective 5.1.2 Require each local authority to develop an annual plan that describes their efforts to integrate services Objective 5.1.3 Local authorities will contract for services with FQHCs Objective 5.1.4 Local authorities will contract for services with ACOs</td>
<td>Indicator: Number of local authorities that submit integration area plan. Baseline: in SFY 2016, 100% of local authorities submitted integration plan. Target: 100% in SFY 2017 Timeframe: 2015-2017 Responsible: SUD Administrator- Shanel Long</td>
</tr>
</tbody>
</table>

Timeframe: 2016-2018
Responsible: MH Administrator- Dinah Weldon

OUTCOMES - UPDATES:

- March, 2016
  - Local Authorities received Area Plan training

- November 2016
  - IHC/DSAMH hosted a suboxone waiver training to local Health care clinics and medical professionals. 32 registered attendees.

- January 2017
  - 5.1.1 Collaboration meeting with Department of Health and other agencies regarding Opiate Crisis and Grant.
  - 5.1.3 A review of LMHAs indicates that all LMHAs have a formal or informal relationship with at least one FQHC/CMHC.
<table>
<thead>
<tr>
<th>Goal 5.2</th>
<th>Objective 5.2.1 Monitor weight (and height for children)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Objective 5.2.2 Provide or arrange for a diabetes screening, as indicated</td>
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<tr>
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<td>Objective 5.2.3 Identify tobacco use in the assessment and offer resources as indicated</td>
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<td>Objective 5.2.4 Provide services in a tobacco free environment</td>
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<td>Objective 5.2.5 Evaluate all individuals who are Opioid or alcohol dependent for the use of Medication Assisted Treatment (MAT) and if appropriate: include the use of MAT in the treatment plan, and either provide the medications as part of the treatment, or refer the individual for Medication assisted treatment</td>
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<td>Objective 5.2.6 Provide information to individuals on physical health concerns and ways to improve their physical health including referrals where needed</td>
</tr>
<tr>
<td></td>
<td>Objective 5.2.7 Incorporate wellness into individual person centered Recovery Plans as needed</td>
</tr>
</tbody>
</table>

| Indicator: | Percent of clients using tobacco at discharge will decrease from admission. |
| Baseline:  | FY16 based off outcome data for each LA. |
| Target:    | Decrease by 1% by each LA. |
| Timeframe: | SFY18 |
| Responsible: | SUD Administrator- Shanel Long |

**OUTCOMES - UPDATES:**

April 2016
- DIMENSIONS: Peer-to-Peer Train-the-trainer Tobacco Cessation training completed

April 2016
- Collaboration with Department of Health for a National Behavioral Health Network for Tobacco and Cancer Control 2016 Community of Practice Application submitted April 12, 2016

April 2016
- Address smoking cessation and health screening/referrals during each LA during monitoring visit.

January 2017:
- FY17 Site monitoring to date has included review of assessment of tobacco use, review of agency as a tobacco free zone, emphasis of physical health and wellness within the treatment plan, and have included screenings for need of MAT.